

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS647HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/23/2010
NAME OF PROVIDER OR SUPPLIER HARMON MEDICAL AND REHABILITATION HC			STREET ADDRESS, CITY, STATE, ZIP CODE 2170 EAST HARMON AVENUE LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 9/23/10 and finalized on 9/23/10>, in accordance with Nevada Administrative Code, Chapter 449, Hospital.</p> <p>Complaint #NV00026488 was substantiated with deficiencies cited. (See Tag 310)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000	<p>This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Harmon Medical and Rehabilitation Hospital agrees with the allegations and citations listed on the statement of deficiencies. Harmon Medical and Rehab Hospital maintains that the alleged deficiencies do not, individually or collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Harmon Medical and Rehabilitation Hospital's written credible allegation of compliance.</p> <p>By submitting this plan of correction, Harmon Medical and Rehabilitation Hospital does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Harmon Medical and Rehabilitation Hospital reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.</p> <p><u>S310 – NAC 449.3624 Assessment of Patient</u></p> <p>What corrective action(s) will be accomplished for those patients found to have been affected by the deficient practice? <i>10/9/10 DS</i></p> <p>The patients have been discharged at the time the results were obtained and it was not possible to address those particular patients.</p> <p>How will you identify other patients having the potential to be affected by the same practice and what anticipated corrective action will be taken. <i>10/9/10 DS</i></p> <p>Those patients admitted to the hospital beds at HMRH have the potential to be affected by this practice.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur. <i>10/9/10 DS</i></p> <p>The PICC Line policy has been updated to include documentation of PICC Line dressing (Attachment A) and PICC Line dressing change has been included in the Medication Administration Record (MAR) for reviewed at every shift (Attachment B).</p> <p>All nursing staff will be educated regarding updated policy and MAR at the daily huddle and mandatory staff meetings as well as included in the annual Skills Competency Fair.</p> <p>The Kardex system is being introduced to staff for an additional check point for all Central/PICC and IV dressings.</p>		
S 310 SS=D	<p>NAC 449.3624 Assessment of Patient</p> <p>1. To provide a patient with the appropriate care at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview, record review</p>	S 310			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Barbara E. Sullivan
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *CEO*

(X6) DATE
10/15/2010

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OCT 15 2010

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S 310	Continued From page 1 and document review, the facility failed to provide the appropriate care at the time the care was needed for Patient #1. Findings include: 1. There was no documented evidence the PICC line was assessed upon admission to the facility. 2. There was no documentation the PICC line was assessed in the medical record until 9/4/10 when the dressing was changed. 3. There was no documentation of the condition of the patient after the removal of the PICC line on 9/4/10. Severity: 2 Scope: 1	S 310	<p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. Nursing leadership will perform 30 random chart audits monthly for no less than 90 days for compliance with process and policy updates and provide a summary report to the Infection Control Committee for follow up and reporting to Performance Improvement Committee with determination for ongoing monitoring from the PI committee after 90 days.</p> <p>Individual responsible: Director of Clinical Svc, DON.</p> <p>Date of Completion: November 15, 2010</p> <p><i>Acceptable POC</i> <i>10/19/10</i> <i>Debra L. Leeger RCHST</i></p>		<p><i>10/19/10</i> <i>DS</i></p>

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If continuation sheet 2 of 2

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OCT 15 2010

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LAS VEGAS, NEVADA